



**TO FIND OUT THE EFFECT OF MATRA BASTI ON  
INFLAMMATION IN PATIENTS OF PSORIASIS**

**Vats Anurag<sup>\*</sup>, MD(Ayu) and Bharadwaj Shreyasi<sup>\*\*</sup>, MD(Ayu-Schl.)**

<sup>\*</sup> Assiatant Professor, Uttarakhand Ayurved University, Gurukul Campus, Haridwar,  
Uttarakhand.

<sup>\*\*</sup> MD (Ayu) - Scholar, Muni Institute of Ayurveda Medical Science, Manipal, Udupi,  
Karnataka.

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**\*Correspondence for**

**Author**

**Dr. Vats Anurag**

Assiatant Professor,  
Uttarakhand Ayurved  
University, Gurukul  
Campus, Haridwar,  
Uttarakhand.

**ABSTRACT**

Psoriasis is a vata-kaphaj disorder. The clinical symptom of Ek kustha described in Ayurveda resembles with the clinical symptom of Psoriasis. The clinical feature of Ek kustha described by Kashyap represents remission, relapse and seasonal variation, which are present in Psoriasis.. In modern medicine there is no definite treatment for this disease. The medicines, which are available to treat the disease, are not very effective and cannot be used for long-term management because

of their local and systemic side effect as well as toxicity. Medicines, which are used in Ayurveda, are safe and being practiced since thousands of year. A large number of drugs and measures are described in Ayurveda for the treatment of Kustha. This study was designed to find out the anti-inflammatory activity of Basti Therapy in the treatment of psoriasis. The study was randomized open phase clinical trial. Basti planned for the therapy was Yoga-basti Karma in which Anuvasana basti was given using Mahanarayan tail while Niruh basti was given using Dashmula quath in accordance with Aharya Charak as mentioned in Siddhi Sthana 1/25. Keeping this view in mind we have started basti therapy in the patients of osteoarthritis and found encouraging results. The patients of age group 30 to 70 were selected on the basis of Ayurvedic signs and symptoms of Ek kustha. Since the assessment criteria was Quantitative, paired 't' test was applied. In the current study the treatment was found significantly effective in treating psoriasis. So, we can conclude that Matra basti is effective in the treatment of psoriasis.

**KEY WORDS:** Ek Kustha, *Inflammation, Kustha, Matra Basti, Psoriasis.*

## INTRODUCTION

Psoriasis is a type of vata-kaphaj disorder.<sup>[1,2]</sup> The clinical symptom of Ek Kustha described in Ayurveda resembles with the clinical symptom of Psoriasis. The clinical feature of Ek Kustha described by Kashyap represents remission, relapse and seasonal variation which are present in Psoriasis. It is one of the common dermatological problems in the world.

Psoriasis is a papulosquamous dermatosis of unknown etiology with spontaneous remission, relapse and seasonal variation. It clinically presents with lesions of varying size and configuration, distributed all over the body with silvery scales, covering loops of dilated superficial capillaries underneath which are presented as tiny bleeding points on removal of scales (Auspitz's sign). It affects about 2% of world population. Various races and communities differ in the susceptibility to this disease. In India it affects about 1.5% of population including both the gender. It appears to be common in Europeans than in Orientals.<sup>[3]</sup>

Psoriasis like other skin disorders is challenge to the medical sciences. In modern medicine there is no definite treatment for this disease. The medicines, which are available to treat the disease, are not very effective and cannot be used for long-term management because of their local and systemic side effect as well as toxicity. Medicines, which are used in Ayurveda, are safe and being practiced since thousands of year. Ayurveda propounds a very distinct principal of biopurification because of the complex nature of its aetiopatogenesis. Panchakarma is a very unique therapeutic procedure, because of it's preventive, promotive, prophylactic and rejuvenative properties as well as providing the radical cure. Basti therapy (medicated enema) is one of the best therapies mentioned in Ayurvedic classics for various disorders.<sup>[4,5]</sup> Yoga basti karma is one of the type of Basti Chikitsa. Basti planned for the therapy was Yoga-basti karma Karma in which Anuvasana basti was given using Mahanarayan tail while Niruh basti was given using Dashmula quath in accordance with Aharya Charak as mentioned in Siddhi Sthana 1/25. Keeping this view in mind we have started basti therapy in the patients of osteoarthritis and found encouraging results.

## METHODS

The patients fulfilling the diagnostic criteria were selected for the study and interviewed thoroughly along with their family members and/or relative to obtain detailed information

about the patient as well as the disease and collected in different data viz-

1. Demographic profile
2. Clinical profile

### **Duration of treatment**

The total duration of treatment was fixed for four weeks. The patients registered for clinical study were advised to not to take any other therapy during the trial period both internally and externally.

### **Criteria for diagnosis of Ek kustha (Psoriasis)**

1. Sharply defined erythemo-squamous lesions varying in size.
2. Presence of erythema, scaling and induration in the lesions.
3. Surface consists of non-coherent scales.
4. Positive Auspitz sign – (Bleeding occurs after scratching of scales).
5. Positive onion peeling sign/candle grease sign (after scratching the scales fall like peels of onion).

### **Inclusion Criteria**

1. The patients were clinically diagnosed according to Ayurvedic signs and symptoms.
2. Age-30 to 70 yrs.
3. Both Males and Females were selected
4. Both Married and Unmarried Subjects were taken
5. Socioeconomic status- All classes.

### **Exclusion criteria**

1. Patients having inconclusive diagnosis.
2. Patients of psoriatic arthropathy and psoriatic erythroderma.
3. Patients having cardiac disease, renal disease and endocrine disorders were excluded in the study to avoid overlapping of symptomatology.

### **Procedure**

**Anuvasan Basti:** 180ml of lukewarm Mahanarayan Tail were mixed properly with 8 ml honey and approx 2 gm Saindhav Lavan. It was administered with the help of 100ml. of disposable syringe and sterilized plain catheter.

**Niruh Basti:** Three Niruh Basti were administered during this course on 4<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> day of Basti Karma. Madhyam Matra of Niruh Basti Kalpa is 12 Pala i.e. approx 640 ml. For the preparation of Niruh Basti, we firstly prepared Dashmula Quath in following manner –

200 gms Dashmula Quath + 3.2 liter water

(16 times of drug) —————> Boiled

Then few Vatanulomak Dravyas like Sounf and Ajmoda (5 gms each) were added in the powder form in it and it were kept covered for 5 minutes and it was filtered with fine cloth. Finally for the preparation of Niruh kalpa 120 ml of Mahanarayan Tail, 100 ml of Madhu, 1 TSF (5 gms approx.) Saindhav Lavan and 400 ml of Dashmula Quath were mixed properly. The sequence of mixing was as follows – Firstly Madhu and Saindhav Lavan were mixed properly with the help of c f stirrer. Then Mahanarayan Tail was mixed in it and then after luke warm Dashmula Quath was added and stirred properly. Later it was filtered with fine cleaned cloth and then was administered with the help of sterilized urobags.

#### **Qualities of prepared Basti Dravya**

After preparation of Basti Dravya, following points were taken into account -

- (1) The prepared Basti Dravya was homogenous in nature.
- (2) Basti Dravya was kept at body temperature at the time of administration.
- (3) No oil drops were seen floating on the surface of Basti dravya.
- (4) Consistency of Basti was not so thick and not so liquid.

**Procedure for administration of Basti** - The procedure for administration of Basti was followed according to the references of A.H.19/22-26, are as follows—

1. Patient were asked for proper evacuation of bowel before administration of Basti Kalpa.
2. The patient were subjected to local Abhyanga (with Mahanarayan Oil) and Swedana (Nadi Sweda) for 10 minutes each on same the day before giving Basti therapy.
3. Posture – Left lateral position with left lower extremity straight and right lower extremity flexed on left knee joint.
4. Oleation of anus – Mahanarayan Tail was used for the oleation of Guda Marga.
5. The patient were asked to take deep breath during the course of Basti, when basti Kalpa were introduced into the anus.
6. During the insertion of Basti Netra into Guda Marga, Gudakshat and anal injuries were avoided.
7. Too quick and too slow introduction of Basti kalpa were avoided.

8. Patency of Basti Netra was assured before the administration.
9. Basti Kalpa was given after proper Adimantran of Aushadhies.
10. Total Basti Dravya were not introduced into Pakvashaya in order to avoid the entry of Vayu into Pakvashya, which can produce pain.
11. Basti tube was immediately pulled out after the introduction of Basti Kalpa.
12. Patient were asked to remain in same posture for minimum half an hour.
13. After the administration of Basti the buttocks were patted with the palm of hands and full slightly same finger of both the feet. After that the gentle massage with Mahanarayan Tail was done in the soles, heels, fingers, calf muscles, shanks and other painful parts. After that, patient were asked to lie down in supine position and to sleep with pillow beneath the head in order to prevent its early expulsion.
14. Light fibrous diet was advised in the night according to the Doshik involvement of the particular patient.

Diet preferred was not constipating in nature.

### Scoring (PASI Score)

The four main anatomical sites are assessed. The head (h), upper extremities (u), trunk (t) and lower extremities (l) roughly corresponding to 10, 20, 30 and 40% of body surface area (BSA), respectively. The PASI Score is calculated as follows<sup>6</sup> –

$$\text{PASI} = 0.1 (E_h + S_h + I_h) A_h + 0.2 (E_u + S_u + I_u) A_u + 0.3 (E_t + S_t + I_t) A_t + 0.4 (E_L + S_L + I_L) A_L$$

Where E = Erythema, S=Scaling, I=Induration and A=Area E, S and I are assessed according to a '4' point scale where

- |   |   |             |
|---|---|-------------|
| 0 | = | No symptoms |
| 1 | = | Slight      |
| 2 | = | Moderate    |
| 3 | = | Marked      |
| 4 | = | Very marked |

'A' is assigned a numerical value based on the extent of lesion in a given anatomic site:

- |   |          |
|---|----------|
| 1 | (<10%)   |
| 2 | (10-29%) |
| 3 | (30-49%) |

4 (50-69%)

5 (70-89%)

6 (90-100)

### Scoring criteria for other symptoms

Score

0 - No symptom

Score

1 - Mild

Score

2 - Moderate

Score

3 - Severe

### Parameters of Assessment

1. Estimation of Psoriasis area severity index (PASI Score).
2. Patients report as his own observations.
3. General assessment of the doctor (researcher).
4. Photographs taken at regular intervals.

Side / toxic effects of the drug, if any

### Ethics

The procedures in the present study were in accordance with the ethical standards of the responsible committee. Patients were given information saying that participation was voluntary and that they could choose not to participate at any time without having to give a reason

### Data analysis

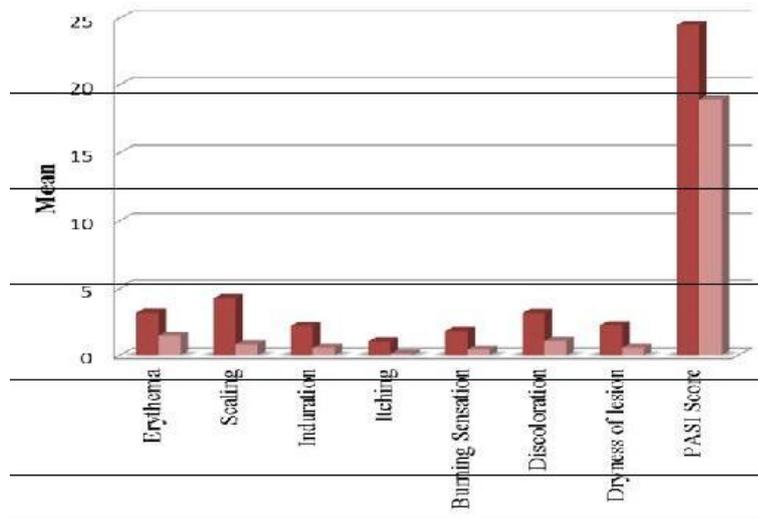
A pre-test, post-test experimental group design was used for the study. Data was tabulated on master chart. Statistical analysis was performed using SPSS 16.0 version software. Unpaired T test was used for the analysis of pre treatment and post treatment finding. Significance level was set at  $P < 0.05$ .

### RESULTS

All statistical analysis is done by student unpaired t-test 'p'

value  $<0.001$  were considered to be statistically highly significant. The 'p' value  $>0.05$  were considered to be non-significant.

All the observations in reduction of symptoms and statistical analysis are given in table.



**Graph: A- Effect of treatment**

## DISCUSSION

Medicine is as old as mankind and the science of medicine like any other form of knowledge is better appreciated from the records of its evolution. It is clear from all the classical texts that Vayu is the moving force of other Doshas, Dhatus and Malas, which constitute the human body. Vayu is constantly in motion in the body even in the healthy state and is moving through all the channels of the body (Strotas). Hence it is essential that all body channels (Strotas) should have Sneha as one of their constituent, which act as lubricant for the passage of Dosha, Dhātu and Mala. To keep these channels clear, patent and dilated, Basti is the best recommended procedure. Basti exerts various actions in the body. Any drug/therapy usually acts on the body through –

1. Disintegration of the drugs
2. Dissolution of the drugs
3. Absorption
4. Metabolism

Administration of Yoga Basti containing Dashmula Quath in Niruh and Mahanarayan Tail in Anuvasan increases the Dhatvagni (metabolic process). With the increase of Dhatvagni, Poshana (nutrition) of all Dhatus increases, as a result of which Asthi and Majja Dhātu get

strengthened and consequently Asthi and Majja Dhatu Kshaya decreased. So the degeneration process of Asthi Dhatu slows down. Basti produce reduction in pain, swelling, restriction of movement, stiffness and a little bit in crepitations. The therapy may also improve general health and may cause the slowing of degenerative process of the body.

Though any clear notion regarding the mode of action of Basti has not been mentioned in classics, however a collection of information about Guda Sharir, its relations, its physiology etc. gives compendious information about it. Medicines are administered in Pakvashaya, which is constituted by the Prasada part of Rakta and Kapha in association with Vata and Pitta (Su.Sha. 4/26) and Mansa (A. S. Sha 5/47). Guda is one of the Pranayatana and a Mansa Marma of Sadyapranahara type (Su. Sha. 6/9). Being a Marma it has roots of all types of Siras embedded in it viz. Vatavaha, Pittavaha, Kaphavaha and Shonitavaha (Su. Sha. 6/18). Due to its Sadyapranahara nature, Guda is highly sensitive. Even a mild stimulation to it by Basti drugs and procedure, may sensitize the whole body by vigorous action of Vayu through all the Siras present in the body. This physiology confirms the immediate and all pervasive action of Basti drugs.

Basti may be absorbed by diffusion, filtration, osmosis or by adsorption. The medicines may have specific affinity to a particular tissue, whether absorbed or causing reactionary changes without absorption or by their chemo-tactic action, the results are brought to every cell of the body. They probably give energy, strength and quality to the Dhatus and eliminate the excreta from Pakvashaya. Production of Thiamin, which is necessary for nerve conduction and which is produced in large intestine, may be stimulated by Basti (Sadanand et al.1961).

Basti mainly acts on ascending colon, descending colon, rectum, anus and their nerves. Prolong use of unwholesome diet leads to blocking of the micro- channels present in GIT that absorb Rasa Dhatu. Furthermore due to stagnation, this Mala (intestinal toxins) get reabsorbed in the body. These reabsorbed Mala produce various ailments. Basti radically removes these entire Mala factor from the intestines and thus cures the diseases (Ek Ayurvediya, 1940). Basti may acts through the nervous system or through the enteric receptors. It may increase the secretion of local enzyme or neurotransmitters. Basti may influence the normal bacterial flora thus it increases the endogenous synthesis of Vitamin B<sub>12</sub>, Vitamin K etc. Basti makes the whole metabolism normal. (Shah et al. 2006).

Processed oils used orally or introduced in colon in the form of Basti should now be

compared for their effects. When given orally the Snigdha Dravya travels from mouth to anus i.e. in the alimentary track, during this travel the Sneha is digested and processed by Jatharagni, this digested Sneha is then absorbed in microfined form and circulated by Vyan Vayu with Rasa Paribhramana all over the body. In this form the Sneha is Madhur Vipaki, which mean it may be Kleda Vardhaka, Poorana, Abhishyandi. Sneha Dravyas given in the form of Basti are more effective than they are given orally. Following may be reason according to my humble understandings:

1. Jatharagni action does not take place.
2. Pakwashaya is the main site of Vayu. This is the area of G.I.tract where the Katu Vipak of food takes place. Hence, the sneha placed in that area is absorbed faster. As there is a Katu Vipak Awastha of ingested food, along with Sneha Basti it increases the Vyavayi guna of Basti Dravya, which may pacify the vitiated Vata easily.
3. Orally given Sneha Dravyas i.e. Snehapana may cause Upachaya, Kleda, Gauravata, Abhishyanda etc. but this possibility reduces or not possible if Sneha Basti is given.
4. Anuvasan Basti can be given daily in a dose of 120 ml/day or Matra Basti can be used in a dose of 60ml/day.
5. As the sneha is placed in Pakwashaya it, oliates that part of the alimentary tract. This oiliation is responsible for Apan Vayu Anulomana and better absorption. Hence, it seems logical that disease caused by Apan Vayu and all other Vayus are cured by Basti chikitsa. As Apan is the Vayu, which nourishes the other Vayus. When Apan Vayu gets vitiated and its course changes, all other Vayus also get vitiated. If Apan Vayu is pacified, the movements of other Vayus also get corrected.
6. Pakwashaya is lined by Purishdhara Kala, this Kala is also known as 'Asthidhara Kala'. Hence, Asthi Poshan is more effectively achieved if the medications are given directly in Pakwashaya.
7. 'Majjadhara Kala' is situated in the Grahani. So some part of Basti Dravyas can nourish the Majja Dhatu.
8. According to Kashyapacharya Vatasthana is situated below umbilical level in Asthi, Majja. So the Basti introduced in the Pakwashaya eliminates or pacifies the vitiated Vata Dosha and diseases of Asthi, Majjavaha strotas.

According to modern medical science, as per Basti /Enema is concerned, in trans-rectal route, the rectum has rich blood and lymph supply and drug can cross the rectal mucosa like other lipid membrane. Thus by entering in general circulation, Basti drugs acts on whole the body.

Basti may act through the nervous system or through the enteric receptors. It may increase the secretion of local enzyme or neurotransmitters. Basti influences the normal bacterial flora, thus it increases the endogenous synthesis of vitamin B<sub>12</sub>, vitamin K etc

### Scope of Future Research

- Larger number of sample size should be included to confirm our results and generalize the results to population outside this sample population.
- Other parameters like pain, stiffness, difficulty in walking etc. should also be assessed for the patients.

### CONCLUSION

In the current study the treatment was found significantly effective in treating psoriasis. The effect of treatment was  $t=12.99$  for erythema,  $t=24.45$  for scaling,  $t=13.90$  for induration,  $t=6.12$  for itching,  $t=9.11$  for burning sensation,  $t=20.96$  for discoloration,  $t=12.62$  for dryness of lesion and  $t=10.81$  for PASI Score.

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